

spinal paralysis, lasting for 10 months. There was at first a severe hæmorrhage from the wound, and the author advises against suture of such wounds of the spinal cord, and points out the possible cure of such cases by continuous dorsal position of the patient in bed.—*Deutsch. Zeitschrift. f. Chir.*, Bd. 29, heft 5 and 6.

HENRY KOPLIK (New York).

**II. Nerve-Suturing in the Axilla.** By DR. E. EIZOLD (Dorpat). Six cases are communicated from the Dorpat clinic of wound of the large nerve trunks in the axilla, treated by suture. All the cases occurred in students while engaged in dueling with swords, and all were upon the right side. The vessels were first carefully ligatured and suture of the divided nerves followed. The material used for the suturing was sublimated silk. One was treated by means of the direct suture; the balance by the para-neurotic suture. The healing processes pursued an uninterrupted course in 3 cases; in the others but slight disturbances occurred. The final result, however, was in the highest degree an unsatisfactory one. The traumatic paralysis, particularly that of the hand, after periods varying from five months to six years, were found to be but very slightly improved. In the only case in which decided improvement occurred, it was found at the time of the operation that the median nerve was alone injured, and that a bridge of connective tissue remained between the stumps of the divided nerve. The paralysis was limited from the beginning, and final restoration of physiological function took place. The next best result occurred in a case in which all the motor nerves were involved in the injury. In this latter case, up to four months following the injury no improvement could be noted, but after six months, signs of returning function were discovered which was succeeded, after nine months, by quite well marked restoration of function of the triceps, and commencing ability to move the forearm. The study of these cases shows, as far as can be demonstrated by clinical observation, that the regeneration of the nerve fibres commences at the central end and progresses in a direction toward the periphery. This is in accord with the experience of other surgeons.

This series of cases of division of the axillary nerves is of interest from the rarity of the accident. The position assumed by the duelist in thrust and parry particularly favors wounds in this locality. The literature of the subject is quite meagre, however, the only case of nerve suture in the axilla being that of Baudens (1836), which ended fatally.

The return of sensibility is not infrequently a misleading symptom in the diagnosis of a regeneration of the nerve. The latter occurs by proliferation, and as above stated, always from the proximal stump. The evidences afforded of this regeneration include, 1st, active muscular contraction; 2d, disappearance of muscular atrophy; 3d, the slow appearance of this improvement; 4th, the return of response to the Faradic current in muscles known to be previously paralyzed.—*Deutsche Zeitschrift f. Chirg.*, bd. xxix, p. 430.

**III. Enucleation of Varices of the Lower Extremity.**  
By DR. BÖNNECKEN. Prior to the operation, the extremity is allowed to depend from the operating table, and an elastic bandage is loosely placed in the upper third of the thigh, in such a manner as to somewhat restrain the venous, and without interfering with the arterial circulation. The veins to be excised are divided longitudinally and loosened subcutaneously upon both sides. The formation of pediculated flaps are to be avoided on account of the danger of sloughing. The most centrally located portion of the diseased vein, generally the saphenous vein, is to be ligatured in two places, and the vein loosened from its attachments in a direction toward the periphery; lateral branches are to be secured by forceps. The elastic bandage is now loosened, the incisions in the skin closed with a cutaneous suture and small drains arranged to drain the pockets through counter openings. The limb is suspended for twenty-four hours, and the dressings changed in from 8 to 10 days. The results obtained are both satisfactory and permanent.—*Berlin klin. Wochenschrift*, 1889, No. 8.

GEORGE R. FOWLER (Brooklyn).